

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2016 APR 15 PM 2: 24

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

ADDRESS (number and street)

555 East Wells Street, Suite 1100



Check if different than previously reported. (ACC)

Milwaukee

WI

53202-3823

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00324780

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



July 31 Mid-Year Report (Non-election Year Only) (MY)



Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11) (Non-Election Year Only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12) (Non-Election Year Only)

☐ Apr 20 (M4)

☐ Jul 20 (M7)

☐ Oct 20 (M10)

☐ Jan 31 (YE)

(c) 12-Day



Primary (12P)



General (12G)



Runoff (12R)

PRE-Election



Convention (12C)



Special (12S)

Report for the:

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

(d) 30-Day

POST-Election



General (30G)



Runoff (30R)



Special (30S)

Report for the:

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

2016

through

MM / DD / YYYY

MM / DD / YYYY

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Kevin Beier

Signature of Treasurer

Date

MM / DD / YYYY

MM / DD / YYYY

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2016

To:

MM / DD / YYYY  
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		258094.87
(b) Cash on Hand at Beginning of Reporting Period.....	258094.87	
(c) Total Receipts (from Line 19) .....	11271.49	11271.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	269366.36	269366.36
7. Total Disbursements (from Line 31) .....	13695.00	13695.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	255671.36	255671.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2016

To:

MM / DD / YYYY  
03 / 31 / 2016

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5500.00

5500.00

(ii) Unitemized.....

5685.00

5685.00

(iii) TOTAL (add  
Lines 11(a)(i) and (ii).....▶

11185.00

11185.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

11185.00

11185.00

12. Transfers From Affiliated/Other  
Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

0.00

0.00

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

86.49

86.49

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

11271.49

11271.49

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

11271.49

11271.49

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	195.00	195.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	195.00	195.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	13500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13695.00	13695.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13695.00	13695.00

Page 5

87069600-151401612

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 13

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

A. Dr. Eric W. Brader

Mailing Address 1612 Blackburn Heights Dr

City State Zip Code  
Sewickley PA 15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Allegheny General Hospital

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 04 / 2016

Transaction ID : SA11AI.5129

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. J. Allen Britvan

Mailing Address 8 Spruce Hill Court

City State Zip Code  
Pleasantville NY 10570

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northeast Medical Group

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
03 / 28 / 2016

Transaction ID : SA11AI.5130

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Michael R. Burton

Mailing Address 3875 Geist Road, Suite E #203

City State Zip Code  
Fairbanks AK 99709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Golden Heart Emergency Physicians

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
01 / 09 / 2016

Transaction ID : SA11AI.5131

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

A. Dr. Mark A. Foppe

Mailing Address 859 Hanover Way

City

Lakeland

State

FL

Zip Code

33813

FEC ID number of contributing  
federal political committee.

C

Name of Employer

South Central Regional Med. Ct

Occupation

Doctor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 07 / 2016

Transaction ID : SA11AI.5133

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. David R. Hoyer Jr.

Mailing Address 2026 McDuffie Street

City

Houston

State

TX

Zip Code

77019-6134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clear Lake Regional Medical Center

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 05 / 2016

Transaction ID : SA11AI.5134

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. John L. Jacobson

Mailing Address PO Box 117

City

Hood River

State

OR

Zip Code

97031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 01 / 2016

Transaction ID : SA11AI.5136

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

750.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 13  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial) <b>A. Dr. David S. Jaslow</b>		Date of Receipt MM / DD / YYYY 03 / 23 / 2016 Transaction ID : SA11AI.5138
Mailing Address Lower Bucks Hospital Department of Emergency Medicine		Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
City Bristol	State PA	
Zip Code 19007		
FEC ID number of contributing federal political committee. C		
Name of Employer Lower Bucks Hospital	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Shammi R. Kataria</b>		Date of Receipt MM / DD / YYYY 01 / 26 / 2016 Transaction ID : SA11AI.5140
Mailing Address 117 Villaggio Drive		Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
City Lafayette	State LA	
Zip Code 70508-6600		
FEC ID number of contributing federal political committee. C		
Name of Employer PEPA	Occupation Physician Practice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Chaiya Laotepitaks</b>		Date of Receipt MM / DD / YYYY 01 / 22 / 2016 Transaction ID : SA11AI.5142
Mailing Address 47 Brooks Rd.		Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
City Moorestown	State NJ	
Zip Code 08057		
FEC ID number of contributing federal political committee. C		
Name of Employer Einstein Medical Center Philadelphia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 9 OF 13	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

<b>A. Dr. Steven Parr</b> Full Name (Last, First, Middle Initial) Mailing Address 1979 SW Balata Terrace City State Zip Code Palm City FL 34990-4326 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Team Health Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 03 / 09 / 2016 Transaction ID : SA11AI.5144 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
<b>B. Dr. Patricia Phan</b> Full Name (Last, First, Middle Initial) Mailing Address 321 White Birch Lane City State Zip Code Jericho NY 11753 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Nassau Emergency Medicine physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 03 / 03 / 2016 Transaction ID : SA11AI.5145 Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
<b>C. Dr. Jeffery M. Pinnow</b> Full Name (Last, First, Middle Initial) Mailing Address 1207 Silverton Dr City State Zip Code Midland TX 79765 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation Jeffery M Pinnow MD PA PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 01 / 24 / 2016 Transaction ID : SA11AI.5146 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1500.00
<b>TOTAL</b> This Period (last page this line number only).....		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

A. Dr. Phillip L. Rice Jr.

Mailing Address 12 Russell Road

City

Needham

State

MA

Zip Code

02492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NSPG

Occupation

Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 07 / 2016

Transaction ID : SA11AI.5148

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Avi Sharma

Mailing Address 71 Oxford Road

Carshalton Beeches

City

Surrey

State

ZZ

Zip Code

00000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Queens Hospital NHST

Occupation

Medical Doctor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 26 / 2016

Transaction ID : SA11AI.5175

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Robert J. Sigillito

Mailing Address 2665 Claiborne Street

City

Mandeville

State

LA

Zip Code

70448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Oaks Medical Center

Occupation

physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 06 / 2016

Transaction ID : SA11AI.5150

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

A. Dr. Gregory J. Sviland

Mailing Address 2034 E Lincoln Ave # 363

City

Anaheim

State

CA

Zip Code

92806-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Anaheim Regional Medical Center

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 05 / 2016

Transaction ID : SA11AI.5152

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dr. Michael Robert Williams

Mailing Address 122 Carondelet Ct

City

Bossier City

State

LA

Zip Code

71111-5478

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Willis-Knighton Bossier ER

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 12 / 2016

Transaction ID : SA11AI.5153

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dr. Anita M. Ziemak

Mailing Address 460 Presidential Court

City

Boardman

State

OH

Zip Code

44512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Quail Hollow

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
01 / 04 / 2016

Transaction ID : SA11AI.5155

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

750.00

TOTAL This Period (last page this line number only).....▶

5500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

**A. CHARLES W JR DR BOUSTANY**

Mailing Address PO BOX 80218

City State Zip Code  
LAFAYETTE LA 70598

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

CHARLES W JR DR BOUSTANY

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 00

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

Transaction ID : SB23.5165

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BRADY FOR CONGRESS**

Mailing Address PO BOX 8277

City State Zip Code  
THE WOODLANDS TX 77387

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

BRADY FOR CONGRESS

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

Transaction ID : SB23.5167

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Comstock for Congress**

Mailing Address PO Box 831

City State Zip Code  
McLean VA 22101

Purpose of Disbursement  
contribution

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

Transaction ID : SB23.5168

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

10000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Heck**

Mailing Address PO Box 750114

City State Zip Code  
Las Vegas NV 89136

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

Transaction ID : SB23.5169

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PLASTER FOR CONGRESS**

Mailing Address PO BOX 348

City State Zip Code  
ANNAPOLIS MD 21404

Purpose of Disbursement  
contribution

Candidate Name

PLASTER FOR CONGRESS

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
State: MD District: 03

Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2016

Transaction ID : SB23.5171

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

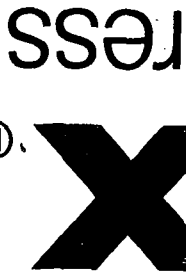
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3500.00

TOTAL This Period (last page this line number only).....▶

13500.00



SSS

**FedEx**  
Express  
Package  
US Airbill

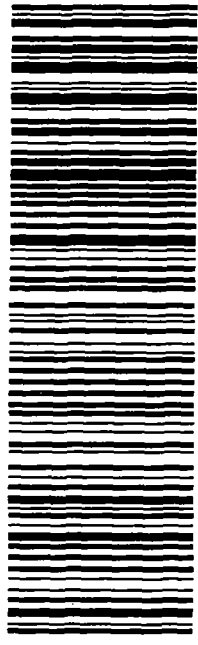
1 From  
Date 4/12/16  
Sender's Name Dan Ellenberger  
Company A A E M  
Address 555 E WELLS ST STE 1100  
City MILWAUKEE State WI ZIP 53202-3800

FedEx Tracking Number  
8102 8927 5897

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**FRI - 15 APR AA**  
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City Washington State DC ZIP 20463

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Address 999 E. Street NW  
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City Washington State DC ZIP 20463



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☐ No Signature Required  
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☐ Direct Signature  
Someone at recipient's address may sign for delivery.  
☐ Indirect Signature  
If no one is available at recipient's address, FedEx will attempt to deliver to a neighboring address. If no one is available for residential deliveries only.

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☒ No ☐ Yes  
One box must be checked.  
☐ As per attached Shipper's Declaration, not required.  
☐ Dry Ice, 3 UN 1845 ☐ Cargo Aircraft Only

7 Payment Bill to:  
☒ Sender ☐ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check  
Enter FedEx Acct. No. or Credit Card No. below.

Total Packages:  Total Weight:  lbs.  
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Federal Election Commission  
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fed Ex</i>	Shipping Date <i>4/19/16</i>
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PREPARER  
(3/2015)

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20160419 14:10:10